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PTO/SB/81 (01-09)

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<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10-759-144
	Filing Date	01/20/2004
	First Named Inventor	Gilbert Garza
	Title	Assist device for a door
	Art Unit-	3670
	Examiner Name	Carlos Lugo
	Attorney Docket Number	1126

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.  
OR  
☐ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:  
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Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number.  
OR  
☐ The address associated with Customer Number:

<input checked="" type="checkbox"/> Firm or Individual Name	Gilbert Garza		
Address	4613 Weymouth St.		
City	Lake Worth	State	Florida
Country	United States	Zip	33463
Telephone	(561) 255-8792	Email	Lisamaria Garza @ Yahoo

I am the:

☒ Applicant/Inventor.  
OR  
☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

SIGNATURE of Applicant or Assignee of Record	
Signature	Sept 18 <sup>th</sup> 09
Name	Gilbert Garza
Title and Company	Telephone (561) 255-8792

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 C.F.R. 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Lisamarie Garza				
Address	4613 Weymouth St.				
City	Lake Worth	State	Florida	Zip	33463
Country	United States				
Telephone	(561) 255-8792	Email	LisamarieGarza@yahoo		

I am the:

☒ Applicant/Inventor.

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

<b>SIGNATURE of Applicant or Assignee of Record</b>	
Signature	Lisamarie Garza
Name	Lisamarie Garza
Title and Company	
Date	Sept 18 <sup>th</sup> 09
Telephone	(561) 255-8792

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.☒ \*Total of 2 forms are submitted.

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